

| POSITION            | INITIALS | ID NO. | DATE        |
|---------------------|----------|--------|-------------|
| FEE DETERMINATION   | D.B.     | 20200  | 11-8-99     |
| O.I.P.E. CLASSIFIER |          |        | 10 11-12-99 |
| FORMALITY REVIEW    |          | 60574  | 11-30-99    |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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